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MEDICAL MISSIONARY

Jesu Redemptor Omnium

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The MEDICAL MISSIONARY

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Editor: Dr. Anna Dengel. Telephone: Decatur 2687

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A CHRISTMAS WISH

"GLORY to God in the highest; and on earth peace to men of good will."

The coming of the Saviour of the world was announced by angel choirs with a hymn of adoration and with tidings of *Peace* to men of good will. Peace, therefore must be precious! It was the first gift which the God-made-Man chose to bestow on the world into which He was born in order that He might gladden it.

The Prince of Peace diffuses peace from a manger. He lies on straw, watched by His humble mother, Mary, and His silent foster-father, Joseph. He is warmed by the breath of beasts, His dwelling is a stable, His surroundings — the fields. Above is the starlit sky. Angels, hosts of them, enveloped in dazzling brightness are singing as no mortals can. The shepherds astounded look up and listen. . . . What is this? They hasten to the cave and adore. Peace flows into their hearts, full of good will.

Many besides the shepherds must have come to the cave—for in the Orient news travels quickly by word of mouth—but we are only told of the Three Wise Men and their retinues. They made a long journey; they obeyed the star; they brought presents and adored the new born King. All this proves that they were men of good will. Gold, frankincense, and myrrh they left in the stable but they departed with peace in their souls, a gift which the world cannot give.

Peace is the Christmas gift *par excellence*. It is the foundation of joy and happiness even in this life. It is for this blessing that our Holy Father the Pope would have us pray during the Holy Year. His recent radio message to the international Eucharistic Congress at Buenos Aires, still echoes this plea for peace. "May the Lord will," he said, "that together with the victory of the Kingdom and empire of our very gentle and beloved King, a triumph of peace may finally penetrate to all parts of the orb and to all minds and wills. Only so, in fact, will this poor world, which we see afflicted with fraternal and regal bloodshed, be able to find true and stable peace, free from so many evils."

We shall pray during Advent and the Christmas season that the Divine Babe of Bethlehem may bestow this gift of peace abundantly on all our friends and benefactors who, full of good will, made sacrifices to help in the spread of His Kingdom on earth and who made it possible for us to lessen pain and misery in our mission fields. A peaceful, joyous, happy Christmas, and New Year is the prayerful wish of our grateful hearts.

JESU REDEMPTOR OMNIUM

Jesus Redeemer of the world!
Before the earliest dawn of light
From everlasting ages born,
Immense in glory as in might.

Immortal Hope of all mankind!
In whom the Father's face we see;
Hear thou the prayers thy people pour
This day throughout the world to Thee.

This ever-blest recurring day
Its witness bears, that all alone,
From thy own Father's bosom forth,
To save the world thou camest down.

O day! to which the seas and sky,
And earth and heav'n glad welcome sing;
O day! which heal'd our misery,
And brought on earth salvation's King!

We too, O Lord, who have been cleansed
In thy own fount of blood divine,
Offer the tribute of sweet song,
On this dear natal day of thine.

—VESPER HYMN.

THE BEST GIFT OF ALL

Give yourself to the Infant Saviour as a Medical Missionary to carry His Joy into the foreign mission countries.

Promote Medical Missions by subscribing to "The Medical Missionary." Subscription, $1 a year. Address, "The Medical Missionary," Brookland, Washington, D. C.

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THE LEPER'S CHRISTMAS

By ANNA DENGEL, M.D.

One of the traditional things to do on Christmas Day is to bring a little holiday cheer to Peter at the Leper Asylum. As I was least busy, the privilege fell to my lot. The asylum is about half an hour's walk from our hospital if one cuts through the fields. It is under the auspices of the American Presbyterian mission, and an Indian doctor resides there. I called on him to ask for permission to see Peter and, of course, he gladly gave it.

When I entered the enclosure, faces of old and young soon appeared on all sides (a visitor is always more or less of a curiosity). In some the disease was very marked; some hands were merely fingerless stumps. The faces of many, especially the nose and ears, were horribly disfigured. All were quite ready for a long chat. It was interesting to talk to them, they were such a varied group: some Kashmiris, and also some natives of the south of India. There was even a soldier from Nepal. Mohammedans, Hindus, and Christians of various denominations were represented. Peter was the one and only Catholic among them. Busily talking, they led me slowly to his habitation. It consisted of one room with a covered verandah in front of it, like that of all the inmates. The latter serves mainly as a kitchen, as each does his or her own cooking.

Peter was very glad to see me. When I gave him the basket of fruit, the tobacco, and other things, tears almost came to his eyes. He pointed to his torn coat, as much as to say, "I know you want to please me, but what I need most is clothing." I left him with the promise of procuring at least a coat, by hook or by crook. Our chaplain generously came to the rescue. Whom he robbed I do not know, most likely himself; for when he went over to hear Peter's confession that evening, he had a big bundle under his arm.

Early Christmas morning Father Carthy brought him Holy Communion. Sister M. Christine and I went out earlier to make preparations. Only after a lengthy search could we get the key

(*Continued on page* 8)

CHRISTMAS AT HOLY FAMILY HOSPITAL

THE "Rorate Coeli" of the Advent Masses opens the Church's preparation for the Christmas season. As the Great Day (as the Indian calls it) comes nearer and nearer, external signs also begin to increase the festive spirit. In our case the first inkling of the latter kind was a pair of well-fed geese who walked majestically up and down our compound a week or two before. They belonged to the chaplain; a kind friend had bestowed them upon him as a Christmas gift. It was a pleasure to see them enjoy the freedom of the land and to hear them use their vocal organs to their hearts' content. On Christmas Eve, strange to say, they were missing. The sisters heard the servants looking for them, but they were neither seen nor heard of again. Possibly they had walked away of their own accord to join a flock of their kindred, or a less charitable conclusion was that they were cleverly lured away to adorn somebody else's Christmas table. It was regrettable, but only an incident (one of those which is best taken humorously) in a missionary's life.

Christmas Eve was a very busy one. Sickness is never considerate enough to remember feast days, and patients have to be attended as usual. The chapel, the hospital, and the house all had to be decorated. Sister Sacristan picked armfuls of poinsettias in our garden. The most beautiful ones were chosen to adorn the humble abode of Our Eucharistic King, and the crib.

Needless to say, the first and greatest event of the Feast was Midnight Mass. The chapel was crowded to overflowing. A considerable part of the congregation was made up of babies in arms, who, of course, joined in the Christmas choir after their own fashion. It was a little disturbing when our sisters sang, but when the Indians chanted carols in Hindustani, the babies' howls were drowned out. It did one good to hear with what vigor and earnestness they tried to honor their new born King.

After the Masses, the feast day wishes were exchanged and the people were invited to a little

(*Continued on page* 8)

YELLOW FEVER

SOME fifty years ago, yellow fever was considered one of the greatest scourges of mankind, especially in tropical regions. Extensive investigation of the disease, however, has revealed that yellow fever is not limited to tropical climates, but is an infectious disease transmitted by an insect which visits temperate zones and high altitudes only during the warm season when the insect propagates. When this became known in the beginning of this century, and when the extinction of the transmitting agent, namely, the domestic mosquito, the female *Aedes aegypti,* was seriously and systematically attempted, the world watched with admiration and surprise the rapid decline of the dreaded disease. Cities like Havana, Rio de Janiero, Vera Cruz, wherein yellow fever had prevailed for hundreds of years became practically free from it. In 1920 only two small foci of infection still existed in Northern Brazil, while the Rockefeller Commission declared it could not find a trace of the scourge in Africa, the old seat of the disease.

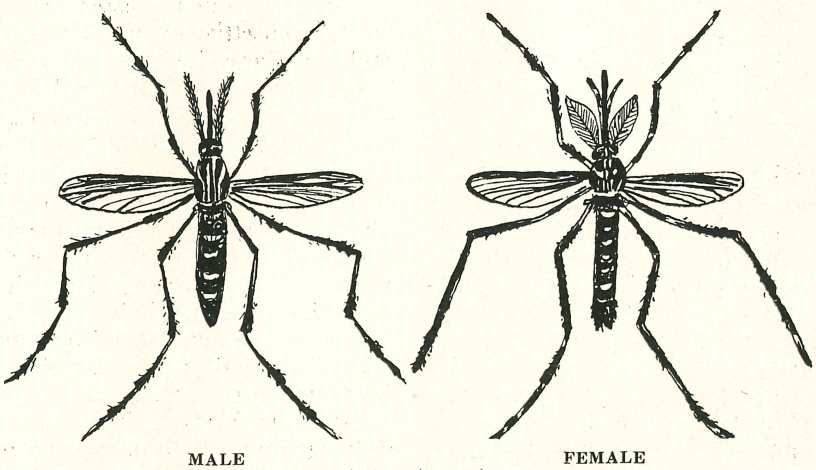
The battle was not so easily won, however. In 1925 a deadly epidemic broke out among the natives of the Gold Coast; this was the more surprising because the negroes of Africa were so often thought to be naturally immune to yellow fever. In May, 1928, an epidemic in Rio de Janiero claimed many victims.

These astonishing epidemics can be explained by the fact that the disease occurs under two different forms, namely, the epidemic and the endemic forms. The acute epidemic type with its characteristic symptoms is well known and easily recognized; even lay persons can diagnose this form of the disease. The milder endemic form, however, has less pronounced symptoms, and is therefore easily overlooked; the natives may contract this type and the disease may run its course without evident clinical signs. In the first successful attempt to suppress the disease, the epidemic form was checked in the different oriental harbors, while the endemic form remained unmolested in the vast interior of West Africa and South America.

Thus the terrifying realization that yellow fever threatened the rest of the world because of its infectious character led to a wider and more intensive study of the cause of the disease. The transmitting agent was known, but the actual cause of yellow fever still defied the investigations in this field. The biggest obstacle was that yellow fever could not be experimentally produced in animals. It was only in 1928 that Aragão and others demonstrated that the *Macacus rhesus* Asiatic monkeys proved susceptible to the disease. The diagnosis of doubtful cases, even those of an endemic nature by means of inoculating this particular type of monkey was then made possible. When the monkey is injected with the blood of an infected patient, it becomes very ill; the liver shows not only the characteristic changes of yellow fever but also specific inclusion bodies in nearly all the liver cells.

Today, white mice are more commonly used in experimenting for yellow fever. Injection of the yellow fever virus into the brain of the mouse causes a specific type of inflammation and the virus becomes attenuated and non-virulent for man. The use of mice has this advantage over that of monkeys: it does not provide a source of infection for mosquitoes in the vicinity. Infected monkeys, on the other hand, offer ample opportunity for the spread through bites of the insect.

The studies in connection with the etiology of the disease have been facilitated also. Yellow fever is now believed to be a virus disease—at least the causative agent is identical and is called for the present, a filtrable virus. This microscopically invisible virus is one of the smallest ones known, its diameter is estimated as 5 millimicrons. The grey mosquito, the *Aedes aegypti* selects for its breeding place stagnant water, preferably in houses. It sucks blood out of the yellow fever patient during the first three or four days of the disease. About twelve days after a mosquito has bitten such a person, its bite becomes infective and it can then transmit the disease to the non-immune. In cold weather this incubation period is even longer.



Aedes Aegypti

Laboratory experiments have shown that a number of other mosquitoes are able to

(*Cont. on p.* 5)

ISLAM FOR CHRIST

BRITISH INDIA is a striking example of the successful propaganda work being carried on and accomplished by Islam. The Moslem population in 1921 was stated as 68,735,233 adherents, in 1931, 77,743,928. This is nine million more in ten years. We can clearly see that this is a serious problem when we view the question from the standpoint of Muslim press activities. They publish 220 periodicals which regularly attack Christianity from every side. They have a large number of highly organized societies for the express purpose of "propagating Islam and defending it against Christian missionaries." One of these associations *Isha-Athul-Islam* made 827 converts last year in the vicinity of Madura. Another, namely, *Ahmadiyya-Anjuman-I-Islam* has a seminary for the training of Muslamic missionaries and already has houses in England, France, Germany, America, and even in Australia. There are many more institutions of the same character, for example, the *Aujuman-I-Tarriquai* and the Crescent Society of Madras.

Let us not harbour any illusions about the activities of these groups; they are both effectively and definitely organized. Not only do they attack the religious side of life but also—and this is very serious—they seek to reach and grasp the intellectual growth as well. Each of these organizations has its own division of teachers for educating the masses. They have schools, Mohammedan ones for boys and girls, and their evening classes have access to public libraries which are open to all, including the people of the poor districts.

In short, Islam is reorganizing itself, or one should say rationalizing itself. It is trying hard to adopt a more systematic and modern spirit proclaiming itself as *the* religion of all the prophets from Moses to Jesus and as the one religion by which the world can regain peace and justice. Their Mission literature is replete with various booklets, tracts, and even books, the latter are abundantly and gratuitously disseminated throughout the world.

Protestants are well aware that the Renaissance of Islam is not a mere novelty which will wear off sooner or later and they have made their plans accordingly. A special training school, known as the "Board of Missionary preparation" has been founded for students who wish to prepare for Missionary work in Islam. Protestant normal schools are giving courses in which Mohammedan culture is studied from all angles (Princeton Theological Seminary, New Jersey—Jennedy School of Missions). "The American Literature Society for Moslems," with its propagandistic publications, overflows the Islamitic settlements of all countries. In the city of Lahore, India, a Rev. Henry Martin founded a Moslem center in 1920 which has a twofold aim: to study seriously the Islamic movement, and to compose literature which will solve the needs of the present time.

To all this add their other efforts to obtain converts from Mohammedanism. In 1933, vacation courses were given for protestant missionaries in Barisal (Bengal), Landour and Lahore. Protestant congresses have been arranged wherein the question of the best way to approach Islam is debated. And finally, they have their apostolate of prayer "the fellowship of Faith for Muslims" by which they will try to win Islam for Christ by prayer, personal devotion and sacrifice. Are we doing our share for Islam?

THE NEW "MEDICAL MISSIONARY"

At the suggestion and with the help of our Spiritual Director, Reverend Michael A. Mathis, C.S.C., we intend to enlarge our magazine. The purpose of this effort on our part is to give greater impetus to Medical Missions, the weakest link in the great chain of Catholic foreign mission activity.

The new "Medical Missionary" will have 36 or 40 pages and appear bi-monthly.

The first issue of the improved magazine will reach you in January.

YELLOW FEVER

(*Continued from page* 4)

transmit yellow fever. In reality, however, it is not known whether these other mosquitoes ever did make use of this power, but the possibility still remains. Asia, for instance, has seemingly miraculously remained free from the scourge of yellow fever; yet the danger is ever lurking in the presence of so many mosquitoes, and the ever increasing world traffic.

The methods of diagnosing the disease were improved only after much research. Formerly, the clear cut cases with characteristic symptoms (among them jaundice, from which the disease derives its name), were the only ones recognized. The milder forms which run their course without evidence or any clinical manifestations were simply overlooked. Too often it has been found that children and natives of the endemic areas especially, are very apt to contract this mild form, while immigrants from the temperate zones nearly always incur the epidemic form, generally with fatal results. Hitherto, if yellow fever were suspected in a particular case the only way to confirm the diagnosis was by a post-mortem histological examination of the liver, since yellow fever causes in all instances a marked peculiar necrosis of the hepatic cells.

Now, as has been remarked before, since the *Macacus rhesus* monkey and white mice have both proved susceptible, other methods of research can be used.

Prevention of epidemics of yellow fever depends largely upon a prompt recognition of the disease. In large cities it is easy to control the exuberance of mosquitoes by continually destroying their breeding places. In large interior regions, however, where it is impossible to wipe out all the mosquitoes, the population must be protected by vaccination. It may even be necessary to force vaccination upon all non-immune persons, especially immigrants who might prove to be new sources of infection, if they contract the disease. Other countries will be able to protect themselves by quarantine and other hygienic measures. The conscientious doctor in

(*Continued on page* 8)

AGAINST THE POWERS OF DARKNESS

By A MEDICAL MISSIONARY IN DACCA

IT WAS high noon when I arrived at Soniti's father's house. Of course I knew I should not find Soniti there but probably in some little shed in the rear. I was not surprised, therefore, when a neighbor pointed out a miserable little shack with the door tightly closed and not a cranny through which light or air could penetrate.

I knocked and waited. There was no sound from within, so I knocked again. Then I grew bolder:

"Open the door," I said. "Please open the door."

"Who is there?" came a rather frightened voice from within.

"The Sister memsahib has come to see you. Please open the door."

"Couldn't you come at another time? It is impossible for me to open the door now."

"Perhaps you don't want me to come to see you, for if you did you would let me in." I spoke quite firmly.

At last and very reluctantly little Soniti opened the door. It was so low that I had to stoop as I entered and when I got inside I was not quite sure that I would be able to stand erect, but I just could manage. Indeed, the poor mother could scarcely stretch out full length in the narrow room. In spite of this she would have to stay there for forty days until the purification ceremonies had taken place. Then she would be permitted to go back again, if her husband chose to come for her. At that time everything in the room would be burned, that is, in the line of bedding or clothing; the earthen ware would be broken since anything the little mother had come in contact with during that time was forever defiled, according to Hindu belief.

STUDENT NURSES AT MITFORD HOSPITAL, DACCA

Soniti was only fourteen or fifteen, she didn't quite know, nor did her mother. As she came from a poor family, she was alone in the room with her baby. No one was allowed to come in, nor was she allowed to leave. When she wanted food or water she held out a dish in front of the door. She was not even permitted to set it down: it might defile the doorstep.

When I first entered I could see nothing as everything was tightly closed. A wood fire was burning on the mud floor beside her and the room was full of smoke. In the midst of it all lay the poor little baby, covered only with a few rags; if it survived the smoke it would be given warm clothing later. Fortunately it was winter or it would have been unbearably hot. But even if it had not been, I am sure the fire would have been burning still, and the doors shut tight, for every day from 11 to 1 p. m., this must be done to keep away the evil spirits.

Soniti had other charms too, to keep away the evil spirits. I explained to her how useless these were. "You pray to *Bagaban* (God)," I said, "and He will protect you. The *Shaitan* (evil one) will not be able to harm you."

This was something new. "But are not *Bagaban* and *Shaitan* the same?" asked Soniti. Soniti's own religious training had been a nightmare. On the surface there had been some gayety, feasting and pleasure—the big *Puja* days for instance. There had been more of tragedy, however. She had seen four of her own brothers and sisters die of tetanus within a few days after birth. On each occasion the fakir had been called in to perform his useless incantations. Had she not witnessed the same thing countless times among her acquaintances, and the charms had never worked?

"Oh no, *Bagaban* and *Shaitan* are not the same," I attempted to explain in my limited Bengali, and after telling her about the goodness and mercy of God, I tried to give her a few lessons in hygiene, especially as to the real cause of tetanus. Soniti was rather dubious at first, but one could not expect her to give up her charms at once. With her, time and proper care will have their good effects, for our experience with Soniti is one we commonly have with Hindu patients.

SUPERSTITIONS and customs vary with the different states and castes in India. Near our center is a colony of Nepalis. The men folk speak some Hindustani, the women, especially the newcomers, speak only Nepali. When a child is born they do not adhere to the custom of the Bengali Hindus of keeping the mother strictly isolated. They keep the windows and doors

(*Continued on page* 8)

THE SOCIETY AT HOME AND ABROAD

WASHINGTON

A Distinguished Visitor

His Excellency, Most Reverend Bernard J. Sullivan, S.J., of India, honored us with an unexpected and yet long anticipated visit last week. This is his Excellency's first home-coming after ten years of fruitful apostolic labor among the Indian peoples of the Diocese of Patna.

Though the Medical Missionaries have as yet no house in Patna it is hoped and generally conceded that our next foundation will be established within the diocese. Needless to say the Bishop was no more enthusiastic in describing the general characteristics of our future mission field than were his listeners in hearing of the country and people with whom they would some day come in contact. The Diocese, his Excellency explained, is in some respects limited, since government restrictions make missionary work among the people of Nepal impossible. The Hindus too at times have proved unreliable converts, while the Mohammedans as a rule provide sterile missionary soil. Thus the most promising hopes lie in the Santals whose country is located in the eastern part of the Patna Diocese. Their population numbers approximately 100,000. These aboriginals possess an adaptability to Christianity which is amazing, accepting Catholic ritual in place of pagan customs with a willingness which makes their country truly a land of promise for missionary laborers.

After bestowing his blessing upon us, Bishop Sullivan left for Chicago from whence he intends to travel to California to spend Christmas with his mother.

OUR SISTERS OF MATER CHRISTI HOUSE

MATER CHRISTI HOUSE WELCOMES SISTER M. LOURDES

Our Traveller arrived in England safe and sound as the saying goes, after a pleasant but uneventful trip on board the *S. S. Washington*. By the time this magazine reaches our reader, Sr. de Lourdes will be on Indian soil.

From Cobh she wrote: "We reached the coast of Ireland this morning at 5 a. m. I did not go on deck, but looked on my native land through the cabin porthole. Then I decided not to be sentimental and went off to sleep again."

Later on she continues: "It was 12 o'clock midnight when we arrived in London, but our good friend, Miss Willis, was there to meet us and to take us to Mater Christi House. I received a warm welcome, as you can well imagine. I was so happy to see them all again and they were so happy to see me. You know I am really the first Mater Christi missionary to go to India."

R. I. P.

In the death on October 24 at Campion House, Osterley, of Father Edmund Lester, S.J., all of the Medical Missionaries, but those of Mater Christi House in particular, have lost a devoted and much revered friend.

We of Mater Christi House owe him so much that it would be folly to try in so short a space to pay him a fitting tribute. Our house is replete with substantial reminders of his thoughtfulness and generosity: the organ in our chapel, the beautiful mahogany table in our library, little clocks ticking in various rooms are only a few of these. That, however, is just one angle of his helpfulness. Father Lester was zealous for our cause. He believed in medical missions and he stood ready to do whatever he could to make others believe in medical missions. For that reason at many different times he gave us wide publicity through the pages of his monthly, *Stella Maris*. In the November number, completed very shortly before his death, we find him recommending our Society to those who want to give their lives to God in the foreign mission field. When in October we called on him for the last time in the "Blue Room" and he sat so tranquilly in his green chair opposite us, making us feel that all of his precious time was at our disposal, he said: "I must find you some English vocations."

It was not Father Lester's truly great personality which endeared him to all the visitors to Campion House's "Blue Room," nor was it that he was musician, artist, gifted writer and holy priest; but rather that as a close follower of his Master, he was filled with a kindliness and charity that made itself felt by all who came in contact with him. Father Lester had a keen sympathy for those who from force of circumstances or otherwise had not been able to pursue their vocations for the priesthood at the usual age, and this sympathy had its outlet in the foundation of Campion House, a house for late vocations. Since its foundation in 1919 two hundred of Our Lady's young priests have been ordained, and 700 in all have made their preliminary studies at Campion House. Out of this great number, probably very few would otherwise have been able to become priests. Campion House not only was founded on charity, but the whole place is pervaded with an air of benevolence inspired by its founder.

We feel that future visitors to the "Blue Room" while they will miss Father Lester, will still find it redolent of his kindliness and sympathy and that from another realm he will be even more powerful in guiding its destiny. Mater Christi House has even greater hopes that he will find us "English vocations."

On October 25, the Sisters of Mater Christi House sang the music of the Requiem High Mass celebrated by Father Braets, C.M., for the repose of Father Lester's soul.

AGAINST THE POWERS OF DARKNESS

(*Continued from page* 6)

closed tight day and night to keep out the evil spirits; and to hide the new baby from the latter, they conceal it under several layers of blankets . . . face and all! How it ever escapes suffocation is a mystery to me. Inside the room the fire is kept burning, and before every closed window and door is laid a large, murderous-looking knife called a *dhou*.

These Nepali women, strange to say, are not left alone in their rooms. Many times we wish they were. As soon as the news is out, the gathering begins. Every woman of the neighborhood believes it her duty to be there. Such noise and confusion as reigns there it is impossible to imagine: it is a miniature bedlam! If you should ask one of them, "Who are you?" she will surely answer, "I am her friend." Then when you suggest, "Would you not like to fan your friend, it is very hot here?" invariably she will refuse; if she should consent, her good offices will be continued for only a few minutes. Some of these friends do not hesitate to state that they have come to visit and not to work.

They *do* bring charms with them, much to our distress, and proceed to tie them on the patient's arms and legs. The situation becomes still worse when the case is a bad one and the relatives refuse to let the patient go to the hospital. It's not their life which is at stake, so they remark: "It's forbidden for her to go to the hospital; if Allah wants her to die, she will die."

ONE morning we were called to another Mohammedan. The poor woman had been seriously ill for two days. We told her people they would absolutely have to call a doctor. The sisters-in-law of the patient only laughed at us. "What, call a doctor and pay him a fee? We have charms which never fail. Wait until we try them!"

They had already tried about a hundred never-failing charms with no effect. In fact, several *dhais* had taken turns in routing the evil spirits but had given it up as a bad job. They well knew that the patient would very likely die and they would not be paid. At the same time, the relatives would blame them for the death. Once more we begged them to send for a doctor, even threatening that if the woman died we would notify the police at once. It had no effect, however, for they continued to send for more charms and when we left they were still doing so.

That night we came back after midnight. The helpless mother had high fever and was delirious. Two hours more passed before the doctor was brought. How she ever recovered, one cannot understand; according to all natural laws, she should have died.

Of course, the educated people do not believe or employ all these superstitious practices, but among the uneducated, the powers of darkness and their charms still reign supreme, and in India what is their number?

WOULD WE

Jesus, the loving mercy in Thine Eyes
Is answer full to all our sighs
Would we but see and understand
That thou doth lead us by the hand.

Jesus, those tender lips of Thine
Comfort give with words divine
Would we but joyously
Take up the Cross and follow Thee.

Jesus, the beauty of Thy Face
Is gift supreme to a fallen race
Would we but look on it and see
The glory of Thy Divinity.

FOR OUR NEW YORK SUBSCRIBERS

The Christmas season brings with it the spirit of giving. For our New York friends we have a special request, the granting of which will cost nothing but will mean much to others. Scour your homes for household articles, clothes, books, etc., which are no longer of use to you. Then have the Lots for Little Thrift Shop call for them.

The disposal of these articles will have a three-fold advantage: the bringing of God's blessing on the donor, supplying others with good but inexpensive articles and the rendering of assistance to the beneficiaries of the proceeds of the shop. It is with grateful hearts that we tell you that our community is privileged to be one of the four charitable organizations so assisted. Twice a year we receive a check of approximately Four Hundred Dollars. This you can readily understand is a tremendous help to our mission work.

We shall consider it a personal favor if you will drop a card to or phone, Lots for Little, 902 Third Avenue, N. Y. C., and say "Please call for my rummage." Phone number: PLaza 3-1850.

CHRISTMAS AT HOLY FAMILY HOSPITAL

(*Continued from page* 3)

celebration which was to take place in the afternoon. Then they returned to their homes, mostly poor huts.

Early in the afternoon they flocked to the compound. The chaplain undertook to entertain the men, we the women and children. Our sisters had composed a simple Christmas play, translating it with the help of their Hindustani teacher. Only a few of the actors were able to read, so it had to be taught verbatim. Indians love acting, however, so it was not a very difficult task. The play was a success and everybody enjoyed it. The part of the Holy Infant was taken by a baby from the hospital, since gone to heaven.

After the play refreshments were served and as the people left, little gifts were distributed to them. I was outside with an armful of holy pictures, mounted on cardboard, ready to be hung in their homes. The demand for them was so great that I was almost crushed.

Then there was Benediction—a perfect end to a happy day.

THE LEPER'S CHRISTMAS

(*Continued from page* 3)

to a certain room which contained an old table. We placed it on the verandah and prepared as best we could. Peter, all dressed up in the black coat, knelt down on the floor and received Our Lord. No one else was around, all the others were still in bed. We left Peter to his thanksgiving and returned home in silence.

It was as poor and miserable on the verandah of the leper asylum as in the stable of Bethlehem, but only God knows whether the welcome which Peter gave to the Christ Child was not as warm or warmer than that extended to Him by many of His worshippers in sumptuous cathedrals.

YELLOW FEVER (*Continued from page* 5)

the quarantine service of a menaced country should consider every case of acute fever very carefully until he has proven its real character.—*Freely translated and adapted from "Tropenarzt und Gelbfieber" von Prof. Dr. W. H. Hoffman, Habana, Institute Finlay, Jahrbuch,* 1934. *Katholische Missionaärtliche Fürsorge.*